

## **A SMART START**

### **BREASTFEEDING BASICS**

#### **Learning How to Nurse**

It takes time and practice for you and your baby to become a nursing team. Most babies are ready to nurse as soon as they are born, so this is a good time to begin. The hospital nurses can help you get started and can show you how to hold your baby in different positions.

Guide your baby so that his or her mouth covers the brown area (areola) around your nipple. This will help prevent sore nipples. Feed the baby for 5 to 10 minutes on one breast, burp gently, and switch to your other breast. Then burp again. Your baby should be ready to eat again in an hour or two.

For the first few days your breasts will produce colostrum. Colostrum is a clear yellowish fluid that helps protect your baby from certain illnesses. It is an important first food. True breastmilk appears 3 to 4 days after delivery. It is thin and bluish white. Your breasts will feel swollen and hard when they begin to produce milk. After several days, the swollen feeling goes away, but your breasts will still have plenty of milk.

When you nurse, you may feel a tingling in your breasts as your milk is "let down" and travels through your breasts to the nipples. The baby may need to suck for several minutes before let down occurs. Milk may drip from both breasts. Your baby will gulp and swallow rapidly to keep up with the flow of milk.

Your breasts do not need time to fill up. Each time you nurse your baby will get some milk. Most of your milk is available within the first 5 to 10 minutes. Many babies like to suck for a longer time, and this is okay as long as you feel comfortable.

#### **Making Enough Milk**

The amount depends on how often you nurse. If you nurse often your body will make more milk. The best way to make enough milk is to nurse your baby whenever he or she seems hungry. This will probably be every 1 1/2 to 2 hours at first.

During the first week or two, don't give your baby formula or water in place of breastmilk. If you give your baby formula or water, your baby will not be as hungry and will not take as much breastmilk. Then your body will make less milk.

As your baby grows there are times when he or she is having a growth spurt. S/he will act very hungry and will want to nurse more often. As you feed more often, your body will make more milk. If you ever feel that you are not making enough milk, you should nurse more often.

#### **Take Care of Yourself - Advice for Nursing Mothers**

You need to take care of yourself to take care of your baby. One way to take care of yourself is to eat nutritious foods. You need extra food and nutrients each day to meet your body's needs and to produce milk for your baby. Continue to eat foods that are recommended for pregnancy. And do not try to lose more than one pound per week. Serious dieting can reduce the amount of milk that you make.

You probably won't need to avoid specific foods while you are nursing. Most babies do not seem to mind if their moms eat garlic, onions, or other strong-flavored foods. But if your baby seems particularly fussy or congested after you eat certain foods you may want to stop eating them for a while. After a few days, eat the foods again and see if your baby reacts.

Another way to take care of yourself is to get plenty of rest and learn to relax. During the first few weeks try to rest when your baby sleeps (day or night). When you nurse, sit (or lie) in a comfortable spot, put your feet up, and enjoy your baby. You may also want to eat a healthy snack while you nurse. Have a glass of cold water within reach before you settle down to nurse. There is increased thirst while nursing and it is safer to be prepared ahead of time. Do not drink hot liquids while nursing because a spill could burn the baby.

## **Caution**

Most that you eat or drink pass through your milk to your baby. Drugs, alcohol, and caffeine can all affect your baby. But it is not clear how much of them is dangerous. In general, it is best if you avoid using all of these substances. Do not even take prescription or nonprescription medicine unless you check with your doctor.

## **Getting Enough Milk**

You can't measure how much breastmilk your baby takes. But watch for these signs to tell whether your baby is getting enough:

1. Baby has 6 or more wet (from urine) diapers each day.
2. Baby gains 1 to 2 pounds per month.
3. Baby nurses at least 10 to 14 times per day during the first few weeks.
4. Baby seems content after nursing.

(Note: Most babies have "fussy periods" from time to time no matter how well they are fed.).

## **Daily Calorie Needs of Women**

Neither pregnant nor nursing - 2,100 calories

Pregnant - 2,400 calories

Nursing - 2,600 calories

Calorie requirements are for a woman 5 feet 4 inches tall and weighing 120 pounds.

Source: National Academy of Sciences

## **Keeping Breastmilk Safe for Baby**

Breastmilk, the perfect food for babies, can become imperfect. If a breastfeeding mother takes medications, they may contaminate breast milk and possibly cause uncomfortable and even dangerous side effects in her baby.

The best way for a mother to keep these unwelcome substances out of the milk is to avoid them completely. Even if there is no evidence that a drug could harm the baby, most physicians don't want breast-feeding mothers to take any chances unless the drug is necessary for the mother's health.

But avoiding drugs completely isn't always possible. Drugs are sometimes necessary to keep a minor illness from turning into a major one, or to treat a chronic condition. However, there are ways to modify the amount of some drugs that will reach the breast milk and the baby.

Some drugs are eliminated from the body within a few hours. So, by taking the medication right after a feeding, the mother's body will have a chance to eliminate as much of the drug as possible before the baby nurses again.

Other drugs take much longer to leave the mother's body, and may accumulate in the breast milk. Even with these drugs, however, the baby isn't necessarily in danger. By the time the baby drinks the milk, the

drug may no longer be active. In some cases, the baby might not absorb the drug, or the baby's gastrointestinal tract might destroy it. Examples of drugs that the baby destroys by digesting them are insulin, adrenalin, and some other hormones.

In addition, there is usually more than one drug available to treat an illness. For example, "bulk" laxatives act locally in the stomach and intestines. Since they are not absorbed into the bloodstream, they cannot appear in the milk. Those laxatives would be a better choice than others that are absorbed into the bloodstream. "If a drug is in question, we encourage the mother to communicate with her doctor and see if there is another drug she can take that we know is safer," said La Leche League's Julie Stock.

There is no question that nursing mothers shouldn't take any drugs unless it is absolutely necessary. The following drugs are not essential, and a nursing mother should avoid exposing her baby to them:

*Alcohol* - Alcohol passes easily into breastmilk. Large amounts of beer or wine consumed in a short time can make a baby drunk. This can affect the baby's coordination and emotions and lead to dehydration. Too much alcohol can also decrease milk production. The American Academy of Pediatrics does not recommend any alcohol while pregnant or nursing.

*Nicotine* - Nicotine from cigarettes may inhibit milk production and, when it contaminates the breastmilk, infants may suffer symptoms such as vomiting, diarrhea, rapid heart rate, and restlessness. Babies whose parent(s) smoke also inhale tobacco smoke and have more earaches, colds, asthma, and pneumonia than babies in smoke-free homes.

*Caffeine* - Only small amounts of caffeine reach the breastmilk, but high intake (more than four cups of coffee) may cause irritability and wakefulness in the baby.

*Marijuana* - Marijuana's active ingredient, tetrahydrocannabinol, is stored in the smoker's body fat. Since milk production relies heavily on fat, concentrations of marijuana are probably high in the milk of chronic users. It may affect the infant's level of alertness and possibly produce other adverse effects as well.

A nursing mother should talk to her doctor before taking any drugs, including non-prescription ones. She should make sure her doctor knows she is nursing. Together the physician and the mother can decide what drug, if any, is necessary and whether the risks outweigh what Stock refers to as "the tremendous benefits of breastfeeding."